

## UNITED STATES MEDICAL LICENSING EXAMINATION TM

Federation of State Medical Boards of the U.S., Inc. P.O. Box 619850, Dallas, Texas 75261-9850 Telephone: (817) 868-4041

## STEP 3 SCORE REPORT

Grant, Carrol Earl Test Date: November 1, 2006

**USMLE ID: 4-048-306-7** 

The USMLE is a single examination program for all applicants for medical licensure in the United States; it replaced the Federation Licensing Examination (FLEX) and the certifying examinations of the National Board of Medical Examiners (NBME Parts I, II and III). The program consists of three Steps designed to assess an examinee's understanding of and ability to apply concepts and principles that are important in health and disease and that constitute the basis of safe and effective patient care. Step 3 is designed to assess whether an examinee possesses the medical knowledge and understanding of clinical science considered essential for the unsupervised practice of medicine, with an emphasis on patient management in ambulatory-care settings. Results of the examination are reported to medical licensing authorities in the United States and its territories for use in granting an initial license to practice medicine. The two numeric scores shown below are equivalent; each state or territory may use either score in making licensing decisions. These scores represent your results for the administration of Step 3 on the test date shown above.

FAIL +	This result is based on the minimum passing score recommended by USMLE for Step 3. Individual licensing authorities may accept the USMLE-recommended pass/fail result or may establish a different passing score for their own jurisdictions.
161 +	This score is determined by your overall performance on Step 3. For recent administrations, the mean and standard deviation for first-time examinees from U.S. and Canadian medical schools were approximately 213 and 17, respectively, with most scores falling between 140 and 260. A score of 184 is recommended by USMLE to pass Step 3. The standard error of measurement (SEM) <sup>†</sup> for this scale is approximately seven points.
	This score is also determined by your overall performance on the examination. A score of 75 on this scale, which is equivalent to a score of 184 on the scale described above, is

this score is also determined by your overall performance on the examination. A score of 75 on this scale, which is equivalent to a score of 184 on the scale described above, is recommended by USMLE to pass Step 3. The SEM<sup>‡</sup> for this scale is approximately three points.

‡Your score is influenced both by your general understanding of clinical medicine and by the specific set of items selected for this Step 3 examination. The Standard Error of Measurement (SEM) provides an index of the variation in scores that would be expected to occur if an examinee were tested repeatedly using different sets of items covering similar content.

<sup>+</sup>Following review and approval of your written request, testing accommodations were provided during the administration of this examination. A similar annotation will be included on your USMLE transcript.

## INFORMATION PROVIDED FOR EXAMINEE USE ONLY

The Performance Profile below is provided solely for the benefit of the examinee.

These profiles are developed as assessment tools for examinees only and will not be reported or verified to any third party.

## **USMLE STEP 3 PERFORMANCE PROFILES**

	Lower Borderline Performance Performance	Higher Performance
CLINICAL ENCOUNTERS		
Initial Work-ups	*************	
Continuing Care	жиноноворо	
Urgent Care	***************************************	
PHYSICIAN TASKS		
History/Physical/Laboratory Studies	200000000000000000000000000000000000000	
Diagnosis/Prognosis	***************************************	
Health Maintenance/Systems/Legal & Ethical	***************************************	
Clinical Intervention	жжжжжжж	
Clinical Therapeutics	жинонономи	
Applied Scientific Concepts	200000000000000000000000000000000000000	
CLINICAL SETTINGS		
Office/Health Center	XXXXXXXX	
In-patient Facilities	200000000000000000000000000000000000000	, · <b>1</b>
Emergency Department	*3000000000	, ,
PROBLEM/DISEASE CATEGORIES	14	
Nervous System/Eye	*20000000	
Circulatory/Blood	200000000000	
Respiratory/ENT	xaaaaaaaaaaat	
Gastrointestinal	300000000000000000000000000000000000000	
Behavioral/Emotional	***************************************	(c)
Musculoskeletal/Skin/Connective	SOCOCOCOCOCC	vi∦ √
Reproductive/Urinary	жиновосисковосиск	
Infectious/Immunologic	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	
PATIENT AGE		
Neonatal/Preschool (Birth-5 yrs)	200000000000000000000000000000000000000	
School-age/Adolescent (6- 17 yrs)	*хоооооооох	
Young Adult/Middle-aged Adult (18-54 yrs)	*хжжжжж	
Older Adult/Elderly (Older than 54 yrs)	***************************************	n skiljenie
	<b>L</b>	

The above Performance Profile is provided to aid in self-assessment. The shaded area defines a borderline level of performance for each content area; borderline performance is comparable to HIGH FAIL / LOW PASS on the total test.

Performance bands indicate areas of relative strength and weakness. Some performance bands are wider than others. The width of a performance band reflects the precision of measurement: narrower bands indicate greater precision. The band width for a given content area is the same for all examinees. An asterisk indicates that your performance band extends beyond the displayed portion of the scale. Small differences in the location of bands should not be over interpreted. If two bands overlap, the performance in the associated areas should be interpreted as similar.

Descriptions of the topics covered in these content areas can be found in the informational materials for USMLE Step 3.

## To apply or reapply for USMLE Step 3:

To apply or reapply for USMLE Step 3, you must have achieved a passing score on Step 1 and Step 2 CK, graduated from medical school, and met any additional requirements set by the medical licensing authority to which you are applying. In addition, depending on your graduation date or upon the date by which you take and pass Step 2 CK, you may also be required to pass Step 2 CS before registering for Step 3. More specific information about Step 3 requirements, registration, and licensure is available on the web site for the Federation of State Medical Boards (FSMB) (http://www.fsmb.org), by calling the FSMB at 817-868-4041, or by contacting the medical licensing authority where you intend to apply for licensure. Addresses and telephone numbers for the individual licensing authorities are found on the FSMB web site and in the current *USMLE Bulletin of Information*.

You may retake a Step 3 examination **only** if your score is below that required to pass or to comply with a time limit for completion of all three Steps or with other criteria established by the medical licensing authorities. You may retake Step 3 no less than 60 days after failing that Step and no more than three times within a 12-month period.

Federation of State Medical Boards P.O. Box 619850 Dallas, Texas 75261-9850 FIRST-CLASS MAIL U.S. POSTAGE PAID Philadelphia, PA Permit No. 2126

## FORWARDING SERVICE REQUESTED

FIRST-CLASS MAIL

4-048-306-7

GRANT, CARROL EARL 13805 155TH PLACE NORTH JUPITER, FL 33478

FIRST-CLASS MAIL

RECEIVED SEP 0 1 2004

HHC 18<sup>th</sup> MEDCOM Unit # 15281, Box # 872 APO, AP 96205-5281 August 30, 2004

ATTN: Mr. Brian Wilsford Exam Dept/Step 3 Federation of State Medical Boards 400 Fuller Wiser Road, Suite 300 Euless, TX 76039

Dear Mr. Wilsford:

Enclosed, is my signed notarized application for the 2004 USMLE Step 3 examination. The fee for the examination is paid through your online application process.

I have received your recent report indicating that I received a failing grade. I hereby formally request that a hand-scoring of the USMLE examination that I took on July 21-23, 2004, be done immediately and the result forwarded to me at the above address.

I am enclosing a check in the amount of \$25.00, the required fee for the hand-scoring. I anticipate a formal reply within the projected time frame stipulated in your information Bulletin.

Respectfully,

Dr C Farl Grant

40483067

7/21/04 0401 3 Sent 8/18 Cutobo: 11/16/04

grant 965300, netscape.net

Case 7:07-cv-00996-TJM-GJD Document 38-12 Filed 12/05/08 Page 9 of 47 FROM : FSMB Exams

PHONE NO. : 817 868 5090

Dec. 29 2004 09:59AM P3



TATE MEDICAL BOARDS

UNITED STATES, INC.

October 28, 2004

C Earl Grant HHC 18th MEDCOM Unit 15281, Box 872 APO, AP 96205-5281 USA

RE: Request for recheck of USMLE Step 3

Date of Exam: 7/21/04 USMLE ID#: 40483067 State of Exam: FL

Dear Dr. Grant:

In accordance with your written request, we have rechecked your 7/21/04 USMLE Step 3 as referenced above. The results are as follows:

The scores were found to be accurate as originally reported.

If we may be of further assistance, please feel free to contact us at (817) 868-4041.

Sincerely.

Administrative Assistant

Examination Services

Larry McPherson, Esq., Executive Director(FL) CC:

Case 7:07-cv-00996-TJM-GJD Document 38-12 Filed 12/05/08 Page 11 of 47

# UNITED STATES MEDICAL LICENSING EXAMINATION (USMLE\*\*) 2003 STEP 3 APPLICATION For applications submitted to FSMB by September 1, 2003

Refer to the Application Ins	structions when completing this form. Complete all three pages. Type or print in uppercase block letters. Use black ink only.
1. LICENSING AUTHORITY FOR WHICH STEP 3 IS BEING TAKEN See Instructions for Board Code.	O 3 6 State Medical Board of Ohio  Board Code Name of Licensing Authority whose requirements you are using to apply for Step 3.
FEE ENCLOSED     See Medical Licensing Board     Instruction Sheet for fee.	\$ 590.00 U.S. DOLLARS (non-refundable fee)
3. NAME Print your name exactly as it appears on the unexpired, government-issued identification you plan to present at the test center. See Instructions, "Completing Your Application."	LAST (Surname) and Suffix  C A R R O JL E A R L  FIRST and Middle Name(s)  If you have applied previously under another name for any examination listed in Item 11 below, please provide that name and a copy of the legal document which verifies this change.  N/A
	Last First Middle
4. DATE OF BIRTH Indicate month as shown: Jan-01; Feb-02; Mar-03; Apr-04; May-05; Jun-06; Jul-07; Aùg-08; Sep-09; Oct-10; Nov-11; Dec-12	099 [16 [195]3 MONTH DAY YEAR 1016 1016 1016 1016 1016 1016 1016 101
5. U.S. SOCIAL SECURITY AND NATIONAL IDENTIFI- CATION NUMBERS Enter your S.S.Number and/or the official number assigned by your country if outside the U.S. See Instructions for Country Code.	4 1 6 0 4 9 5 7 5  U.S. Social Security Number  National Identification Number  Country Code Issuing Country
6. GENDER	Male Female
7. CITIZENSHIP UPON ENTERING MEDICAL SCHOOL See Instructions for Country Code.	O 9 9 United States of America Country Code Name of Country
8. MEDICAL EDUCATION See Instructions for Country Code.  Graduation Date— Indicate month as shown: Jan-01; Feb-02; Mar-03; Apr-04; May-05; Jun-06; Jul-07; Aug-08; Sep-09; Oct-10; Nov-11; Dec-12	Medical School of Graduation University of Minnesota    O
	FOR OFFICE USE ONLY DEGREE Y N Sth PATHWAY Y N EXAM PREREQUISITES Y N
9. POSTGRADUATE MEDICAL EDUCATION Check one box only.	I have not participated in a graduate medical education program.  I will begin a graduate medical education program on MO YR  I am currently serving in my first year graduate medical education program which began on MO YR  I have completed satisfactorily 3 year(s) in a graduate medical education program from 96 / 1999 to 12 / 2002.  Mo YR
See Instructions for Program Code.	116 Internal medicine Program Code Program Name Akron General Medical Center, 400 Wabash Avenue Hospital Name
	Akron, OH 44307  City Dr. James Hodsden [jhodsden@agmc.org] (330) 384-6140  Program Director's Name E-mail Phone

NAME C. EARL G	FRANT
10. SPECIALTY See instructions for Specialty Code.	07 Juleural Medicine. Specialty Code Name of Specialty or Planned Specialty
11. EXAMINATION IDENTIFICATION NUMBERS Indicate the examinations for which you have applied.	Identification Number (If Known)
12. USMLE PASSED Record the administration date of each examination passed and the number of attempts. Date Passed — Indicate month as shown: Jan-01; Feb-02; Mar-03; Apr-04; May-05; Jun-06; Jul-07; Aug-08; Sep-09; Oct-10; Noy-11; Dec-12	USMLE Step 1 0 6 1 9 9 9 0 4  USMLE Step 2 0 3 1 9 9 9 0 4
13. ADDRESS This address will be used for correspondence regarding registration for Step 3. Print your	P 0 B 0 X 5 1 9 2  Address Line 1
current mailing address.  If you provide an address outside the U.S., correspondence relating to Step 3 may be significantly delayed. Provide a U.S. address, if possible.	Address Line 3  Fair law n  OH  State/Province
If your address changes or is different for score reporting, see Instructions, "Change of Address."  See Instructions	Country  Country  Country Code  3 3 0 3 4 4 6 0 0 0 5 4 2 1 8 5  ZIP/Postal Code  Daytime Telephone Number
for Country Code.	graat 9650 excite Com  Ednail Address
<ol> <li>TEST ACCOMMODATIONS         Check this box if you are requesting test accommodations.     </li> </ol>	I have a documented disability covered under the American with Disabilities Act and am requesting test accommodations.  (Checking this box does not constitute an official request. You must submit your request for test accommodations and accompanying documentation at the same time as this application. See Instructions, "Applying for Test Accommodations
15. DATA RELEASE Release of Step 3 Data	The NBME reports USMLE total scores to LCME- and AOA-accredited medical schools for their students and graduates. This date is used by the schools to monitor the outcome of their educational process and as part of ongoing quality improvement activities. Only a total score is provided, if you do not wish to have your Step 3 score reported to your medical school of graduation, please check the box provided to the left.
16. SIGNATURE Review the Bulletin of Information before signing this statement.  Note: If your application is not complete, signed and notarized as instru- cted, your registration will be	I certify that I currently meet the Step 3 eligibility requirements, that the information provided on this form is true and accurate, and that I have provided all required documentation. I also certify that I have read the 2003 USMLE Bulletin of Information and the application instructions, that I am familiar with their contents, and agree to abide by the policies and procedures described therein. I authorize the release of my USMLE history to the medical licensing authority for which I am taking Step 3 to verify my eligibility and a USMLE transcript is required by that authority, I agree to pay the applicable transcript fee. I agree that my Step 3 score may be released to the medical licensing authority for which I am taking Step 3.
delayed.  Provision of the following informa	Applicant Signature Date / MO / DY / YR  Ition is voluntary. The information will be used for research purposes only. You are encouraged to provide the information. The process affected by your choice in this regard.
Select the 1 option which best describes your racial/ethnic	1 2 3 5 6 7 7 American Indian/ Asian Native Havalin or Hispanic or Lotino Black or Afficain White Other Alaskan Native Other Pacific Islandor American American
Is English your native language?	Yes No

2003 Step 3

# UNITED STATES MEDICAL LICENSING EXAMINATION™ 2003 STEP 3 APPLICATION

			4 - 0 4 8 - 3 6 6 - 7  USMLE IDENTIFICATION NO.
	Type or print in uppercase block	cletters. Use black ink only,	
	Name GRANT,	C.	EARL Middle
	S.S./N.I. Number 416	First 5-04-9575 Date of Birth 09 / Month	16 /1953 Gender ⊠ Male ☐ Female
	Licensing authority for whice	h Step 3 is being taken <u>STATE MEDICA</u>	AL BOARD OF OHIO
C. Lord Grant Applicant Signature		CERTIFICATION OF IDENTIFIC	
By my signature above, I certify that all of the information provided on this form is true and accurate.		County of St. torth below the individual named above did aparing his/her physical appearance with the photo	•
	on this form with the signat	ne photograph affixed hereto, and (b) comparing ure on his/her identifying document. The staten applicant on this:\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\	nents on this document are subscribed and
	Notary Public Signature	Charles L. Ken	3
	Expiration Date 07/	(	HARLEEN E. KING, Notary Public Residence - Stark County State Wide Jurisdiction, Ohio Commission Expires Sept. 18, 2006

RECEIVED FEB 2 8 2003

## Federation of State Medical Boards P.O. Box 619850 Dallas, TX 75261-9850

Telephone (817) 868-4041

USMLI	ESTEP3
<u>CERTIFICATION OF POST-(</u> This section is to be completed by the applicant and for	GRADUATE TRAINING - Ohio 10420312
Note: It facilitates processing when the PGT form accompa 45 days before receipt of the application are not considered	inies the Step 3 application. PGT form(s) received more than,
USMLE ID # 40 48 3067 Date of Birth 9	
Physician Name C. EARL GR	PANT
Hospital Name HOSPITAL Name, First Name,	AAL MEDICAL CONTER
Hospital Name  (PLEASE PRINT- Last Name, First Name,  AKRON  State DH	Phone # 330 6640 979
I horeby authorize the release of all pertinent informs	ttion, favorable or otherwise, to FSMB.
Signature	Date
This section is to be completed by the Program Directo above address by September 1, 2003 for the 2003 USM	r, notarized, and forwarded directly to the FSMB at the LE Step 3. (PLEASE PRINT)
I certify that the physician named above is serving / has ser (CIRCLE ONE)	(CIRCLE ONE)
at the hospital named above, as indicated below: (please che	ck one)
✓ internship or residency program accredited by the ACGME or  a clinical fellowship in the US at an institution having an accredited an internship in Canada accredited by the committee on accredited by the committee on accredited by the committee on accredited a residency program in Canada accredited by either the Royal College of Family Physicians of Canada (CFPC)	edited residency program in the same or a related field litation of pre-registration physician training programs of the
Date post-graduate training began / will begin:	7 1 01 1 2001
(CIRCLE ONE) MOI	<b>A</b>
Date post-graduate training was / will be completed: (CIRCLE ONE) MO	X / 17 / 2003 NTH DAY YEAR
Please evaluate applicant's competence and conduct during	the program: (Use additional paper as necessary.)
see Attached Door	mentation.
1	
This program has had cause to take adverse action against termination, requested resignation, etc.) YES	
June & Berkelein Jan	nes E. Hodsden, MD 3/21/03 ne of Program Director Date
	•
Sworn to and subscribed before me on this the day	of <u>February</u> , 20 <u>03</u> . NOTARY STAMPHERE
Signature of Notary Public	Date Commission Expires
Rev OH PGT 2003	This form may be copied

•	Ionday,
	April
•	12, 2004
	4

Page 105 of 171

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## UNITED STATES MEDICAL LICENSING EXAMINATION™

UNITED S	STATES MEDICAL LICENSING	EXAMINATION™ 3 S 2004
2004 \$	STEP 3 SIGNATURE/PHO	TO ID PAGE
Web Req <b>26244</b> ID:	USM	ALE ID: 4-048-306-7
Typ	oo or print in upporcase block letters. Use black ink only.	
da	ame: Grant, Carrol I	Earl
	416049575	9/16/1953
ja s	S.N.I. Number Date of	Birth / Cay Near Gender Male Female
	censing authority for which Step 3 is ing taken:	Florida Board of Medicine
is true and accurate including the Bulletin of Information and all reagree to abide by the policies at history to the medical licensing a transcript is required by that aut score may be released to the m	ne affixed photo of myself. I also cert elevant application instructions, that and procedures described therein. I a authority for which I am taking Step thority, I agree to pay the applicable redical licensing authority for which I	3 to verify my eligibility and, if a USMLE transcript fee. I agree that my Step 3 am taking Step 3.
Applicant Signature C.	Earl Grant, m.	Date
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Notary Public Signature

AUTHORITY: 10 U.S.C. 936 & 1044a
Expiration Date\*Commission Indefinite Until

\* The notary's commission expiration date must be current and legible.

Wednesday,
September 01, 2004

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Monday, March 21, 2005

Page 143 of 227

Previous valid CIF

Notes

Check Loose Documents

Passed Step 1 and Step 2

Yes or

Z

Exam file # Entered and Correct with file at top/side and USMLE #

Check for Registration Initials

Check for Data entry USMLE number

Degree Verified Yes or No

ECFMG Yes or No

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Attn: Exam Services

Euless, TX 76039

400 Fuller Wiser Road, Suite 300

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# UNITED STATES MEDICAL LICENSING EXAMINAPPLY EIVED MAR 3 0 2005 STEP 3 APPLICATION CERTIFICATION OF IDENTITY

USMLE ID: 4-048-306-7

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Page 7 of 95

Previous valid CIF

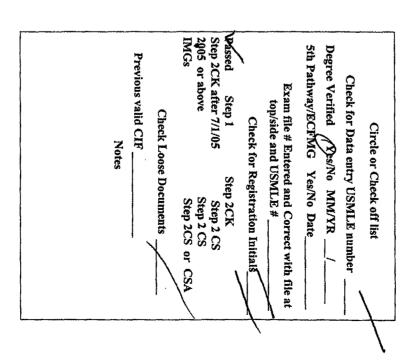
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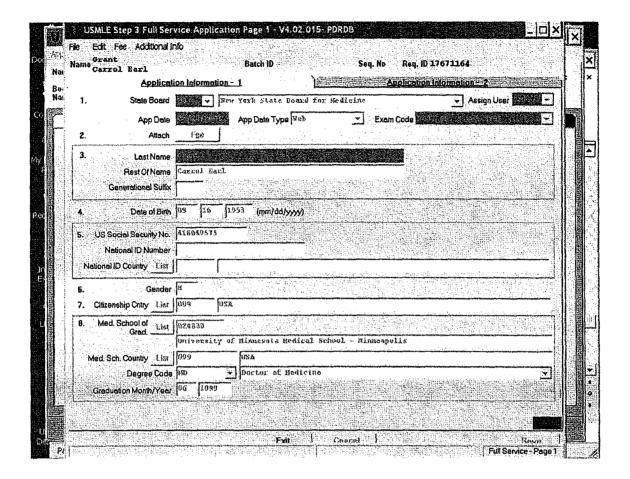
Check Loose Documents

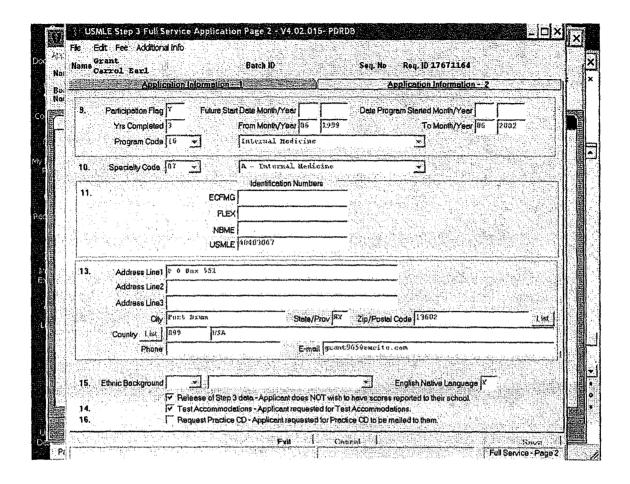
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Wednesday,
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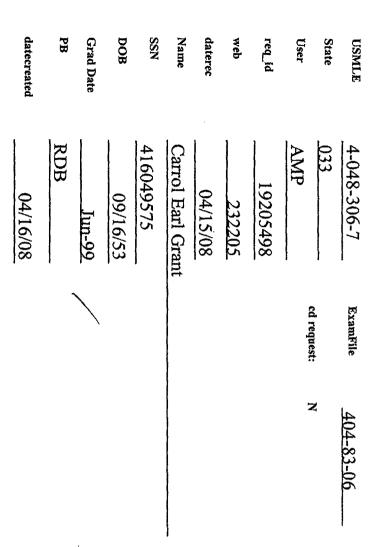
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Circle or Check off list

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Degree Verified Yes/No MMYR \_\_/

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Check for Registration Initials

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Notes for 0801 Admin

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VICE PRESIDENT LEADERSHIP AND LEGISLATIVE SERVICES LIBA A. ROBIN

September 7, 2004

C. Earl Grant, MD HHC 18th MEDCOM Unit # 15281, Box # 872 APO, AP 96205-5281

I am writing in response to our recheck request for your July 21-23, 2004 Step 3 exam.

The fee for the recheck is \$50.00. I received a check from you, (check number 1536, dated August 30, 2004) in the amount of \$25.00. In order to process the request, I will need to receive an additional \$25.00. Once I receive the full amount, I will forward your request for a recheck. Please keep in mind that the cutoff date for requesting the recheck is November 16, 2004.

If you should have any other questions, please contact me at 817-868-4041 or via email.

Sincerely,

bandy Millister

Sandy McAllister Administrative Assistant **Examination Services** 

File # 40483067

UR#1536 25.00 1537 25.00

7/21/04 0401 FL Sent 8/18

RECEIVED AUG : 7 2006

P.O. Box 551 Fort Drum NY 16=3602 August 13, 2006

ATTN: Mr. David Johnson/Debra Cusson Exam Dept/Step 3 Federation of State Medical Boards 400 Fuller Wiser Road, Suite 300 Euless, TX 76039

## Dear Sir/Madam:

In reference to the USMLE Step 3 examination token by me in July, 2003, December, 2004, and July, 2005, I hereby formally request that a hand-scoring of the USMLE examinations be done immediately and the result forwarded to me at the above address.

I am enclosing a check in the amount of \$150.00, the required fee for the hand-scoring. I anticipate a formal reply within the projected time frame stipulated in your information Bulletin. I further request that the names of the personnel responsible for the re-grading and reporting of the scores be provided with your results for accountability.

Respectfully,

C. Earl Grant, M.D., Ph.D.

cc: Mr. Clifford Hark

Rosemary Antonacci



August 21, 2006

C. Earl Grant, M.D., PhD. P.O. Box 551 Fort Drum, NY 13602

Dear Dr. Grant:

I have received your request for a hand rescore of your July 2003, December 2004 and July 2005 Step 3 examinations.

Standard procedures ensure that the scores reported for you accurately reflect the responses recorded by the computer. A change in score based on a recheck is an extremely remote possibility. However, requests for score rechecks must be received no later than 90 days after your score report release date. Unfortunately, we are well beyond this time frame to perform the rechecks you are requesting.

Enclosed you will find your personal check for the rescore fees. I am also providing you with copies of the USMLE Bulletin of Information for the examination dates above. I have highlighted the areas concerning the rescore request process.

Should you have further questions, please contact me at 817-868-4025 or via e-mail at dcusson@fsmb.org.

Sincerely,

Deborah Cusson
Supervisor, Registration Services

Enclosure

NOT

P.O. Box 551 Fort Drum NY 13602 July 25, 2007 RECEIVED JUL 3 0 2007

40/8 30VM

ATTN: Mr. David Johnson/Deborah Cusson Exam Dept/Step 3 Federation of State Medical Boards 400 Fuller Wiser Road, Suite 300 Euless, TX 76039

#### Dear Sir/Madam:

In reference to the USMLE Step 3 examination token by me on November 1-3, 2006, I hereby formally request that a hand-scoring of that USMLE examination be done immediately and the result forwarded to me at the above address.

I am enclosing a check in the amount of \$50.00, the required fee for the hand-scoring. I anticipate a formal reply within the projected time frame stipulated in your information Bulletin. I further request that the names of the personnel provided with the answer keys and the test responses, and who will be responsible for the proper re-grading and reporting of the scores be provided with your results for accountability.

Respectfully,

C. Earl Grant, M.D., Ph.D.
cc: S. Berg



August 2, 2007

C. Earl Grant, M.D., PhD P. O. Box 551 New York, NY 13602

Dear Dr. Grant:

I have received your July 25, 2007, request for a hand rescore of your November 1-3, 2006 Step 3 examination.

Standard procedures ensure that the scores reported for you accurately reflect the responses recorded by the computer. A change in score based on a recheck is an extremely remote possibility. However, requests for score rechecks must be received no later than 90 days after your score report release date. Unfortunately, we are well beyond this time frame to perform the recheck you are requesting.

Your letter indicated that you had enclosed a check for the rescore, unfortunately no check was found with your letter request. I was unable to cc: S. Berg as no address was provided.

Enclosed you will find a copy of the USMLE Bulletin of Information for the examination dates of November 1-3, 2006. I have highlighted the areas concerning the rescore request process

Should you have further questions, please contact me at 817-868-4025 or via email at dcusson@fsmb.org.

Sincerely.

Supervisor, Registration Services

Enclosure